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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/594,287			ing Date 27/2008	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 = *			l	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ = 1		1	X 8 =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	eets of pap \$250 (\$125 Iditional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1]			
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	07/15/2011	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 31	Minus	24	= 7		x s =		OR	X \$52=	364	
	Independent (37 CFR 1.16(h))	· 5	Minus	 3	- 2	1	x s =		OR	X \$220=	440	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	804	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		-		× \$ =		OR	x s =		
Δ	Independent (37 CFR 1 16(h))	*	Minus	***	-]	X \$ =		OR	X 8 =		
핕	Application Size Fee (37 CFR 1.16(s))					ı			ı			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
*If the entry in column 1 is less than the entry in column 2, write "01 in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. *The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. *The Total Ford Independent is sometime 4.2 (TEST 1.6 In Endentation is sometime 1 as benefit but he pushed seight is no flat and to the Independent of boths or restain a benefit but he pushed seight is no flat and to the Independent of boths or restain a benefit but he pushed seight is no flat and to the Independent of boths or restain a benefit but he pushed seight is no flat and the the Independent of the Independent of boths or restain a benefit but he pushed seight is no flat and the Independent of Ind												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to proceed) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.